

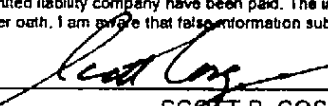


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2018 AUG 21 AM 11:05																													
DOCUMENT # L15000046821																																	
1. Limited Liability Company's Name MELBOURNE BEACHES, LLC																																	
2. Principal Office Address - No P.O. Box # 2963 S. HWY A1A Suite, Apt. #, etc.		3. Mailing Office Address 9420 SW 100 ST. Suite, Apt. #, etc.		400317491264 CR2E041 (1/14)																													
City & State MELBOURNE, FL		City & State MIAMI, FL		4. State/Country of Formation FLORIDA																													
Zip 32951		Country USA		5. Date Organized or Qualified To Do Business in Florida																													
Zip 33176		Country USA		6. FEI Number 47-3728746																													
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable																															
8. Name and Address of Current Registered Agent																																	
Name JENNIFER COSGROVE																																	
Street Address (P.O. Box Number is Not Acceptable) Suite, 9420 SW 100 ST.																																	
Apt. #, Etc.																																	
City MIAMI		State FL		Zip Code 33176																													
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accountable for the company's compliance with Chapter 605, F.S.																																	
Signature of Registered Agent 		REGISTERED AGENT MUST SIGN		Date AUGUST 20 2018																													
10. Names and Street Addresses of Authorized Representatives/Managers																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Authorized Representatives/Managers</th><th>Street Address of Each Authorized Representative/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>AR</td><td>JENNIFER COSGROVE</td><td>9420 SW 100 ST</td><td>MIAMI, FL 33176</td></tr><tr><td>AR</td><td>SCOTT B. COSGROVE</td><td>9420 SW 100 ST</td><td>MIAMI, FL 33176</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	AR	JENNIFER COSGROVE	9420 SW 100 ST	MIAMI, FL 33176	AR	SCOTT B. COSGROVE	9420 SW 100 ST	MIAMI, FL 33176																
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AR	SCOTT B. COSGROVE	9420 SW 100 ST	MIAMI, FL 33176																														
11. E-mail Address: COSGROVE.SCOTT@GMAIL.COM																																	
(To be used for future annual report notifications)																																	
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.																																	
Signature of authorized representative/member 		Date 8/20/18		Daytime Phone # 305-740-1976																													
Typed or printed name of signing authorized representative/member SCOTT B. COSGROVE																																	

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com

incserv

1082

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 8/21/2018

PRIORITY Routine

OUR REF # (Order ID#) 679939

ORDER ENTITY
MELBOURNE BEACHES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
MELBOURNE BEACHES, LLC (FL)

File the attached reinstatement document

NOTES:

\$516.25 Authorized
Email address for annual report reminders: COSGROVE.SCOTT@GMAIL.COM

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



2018 AUG 21 AM 11:05

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.